



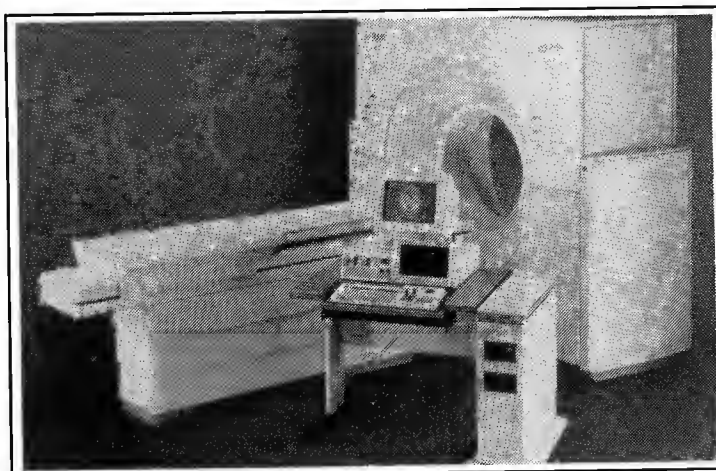
BULLETIN

Terri Madden

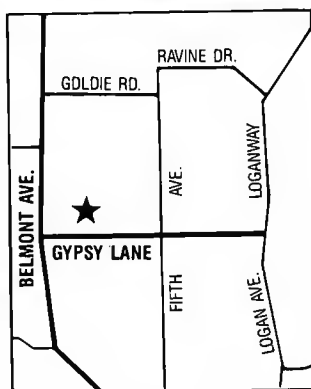
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The "Professional Organization Pricing System"

YOU MAY RECALL THAT IN THE LAST ISSUE I SUGGESTED THAT THE RECOGNIZED PROFESSIONAL ORGANIZATION OF EACH PHYSICIAN specialty is really the only group qualified to determine the value of a given physician service in a given region. Continuing on that

premise, I will now elaborate on my thoughts concerning ways that such a system would operate.

For the sake of argument, let's say that our fees were to be decided by a regional board of our respective professional organizations. Let's call this system the Professional Organization Pricing System (P.O.P.S.). The P.O.P.S. would have to be a voluntary system, because if it were mandatory, that would be considered "price-fixing" (. . . and we wouldn't want that).

Choosing to abide by P.O.P.S. would entitle a physician to place a sticker identifying him with the organization on his door. The ensignia on the sticker could be an American flag with a caduceus in the foreground or another symbol that would be easily recognizable, even by patients who could not read.

In this way, patients would readily be able to tell whether or not a physician structured his fees in accordance with an accepted authoritative group. Patients would be free to call P.O.P.S. for quotes, and P.O.P.S. would be free to inspect the physicians' billings, to ensure

that the doctors were actually in compliance with the accepted standards.

A doctor found to be in violation of the standards would be required to remove the P.O.P.S. sticker from his door for three months following his first documented incident of non-compliance. A second offense would result in a six-month removal of the sticker, and so on.

A physician choosing to structure his fees lower than P.O.P.S., or to contract with a payer for some fraction of P.O.P.S., would be allowed to keep the sticker on his door. However, a physician charging, through any format, a higher fee than P.O.P.S. allows would not be permitted to display the sticker.

In addition to protecting patients from exorbitant fees, this system would have other advantages. For example, yearly fee increases would be tied to a reliable economic indicator, such as Inflation, the Consumer Price Index, or the Gross Domestic Product. Whatever the chosen indicator, the price increase could not exceed it. If inflation, for instance was 3.3%, then fees could increase by a maximum of 3.3%. This would prevent our fees from escalating at a rate greater than the economy can bear. It would also stop the common practice of physicians raising their fees whenever they are paid in full by a payer, under the assumption that their prices are "low".

P.O.P.S. would also foster excellence. A very accomplished physician would still be able to command higher fees for his efforts, he just would not be able to display the P.O.P.S. sticker on his door.

A patient, even one who was on Medicare, who was willing to pay more for a physician's expertise, would still have the option to do so. For example, Mr. Lee Iacocca, age 69, needs to have bypass surgery. He wants Dr. Denton Cooley to perform the surgery and is willing to pay twice the usual fee for the procedure. However, Mr. Iacocca is subject to the rules of Medicare, so a contract between the two would be against the law. In my opinion, this interferes with both of these gentlemen's rights. Dr. Cooley should have the right to be compensated for his excellence and Mr. Iacocca should

continued on pg. 26

David E. Pichette, M.D.



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Professional Survival

THE ACADEMY OF DERMATOLOGY, UNTIL THIS YEAR, HAD ALWAYS HELD ITS ANNUAL MEETING IN EARLY DECEMBER. THIS YEAR marked a departure from that tradition as our meeting was held February in New Orleans. I am happy to say that the meeting was

enlightening, the weather was superb, and the city of New Orleans a delight. It was a case of "just what the doctor ordered," a time to chase the winter and professional blahs away.

M. Roy Schwarz, M.D., Senior Vice President for Medical Education of the American Medical Association, addressed Academy members on the issue of professionalism. He stated that the central theme of health system reform is money; that the issue of money "permeates the discussions of quality, access, structure, patient rights, and physician autonomy." He also questioned whether medicine can survive as a profession in "such a climate that is coupled with a penchant for regulations".

Professions possess the following attributes: they acquire a knowledge base; they establish an educational system or process; they set and enforce standards; and they have autonomy of professional judgment. Forces affecting the medical profession include the "decay in ethical behavior, behavioral epidemics (drug abuse, violence, AIDS, tobacco usage, etc.), economic

forces, and health system reform."

Dr. Schwarz offered seven steps to ensure professional survival. These steps included preserving the scientific base, retaining control of medical education, and (for the physician) retaining responsibility for the care of patients. He called for an ethical renaissance on the part of physicians, and for physicians to respond to society's needs. He challenged physicians to promote quality care. Finally, Dr. Schwarz asked us to think of ourselves as professionals and reminded us of the Prayer of Maimonides. I found his speech thought-provoking and inspirational.

The survival of the profession will hopefully be aided by the AMA's consortium study of the Federation of Medicine. The study group consists of more than 200 physicians and medical society staff nominated and supported by their medical societies. The goals of this group are to redefine relationships in organized medicine so that the medical profession can speak with one voice on critical issues; to create more effective ways of accomplishing work on behalf of the medical profession; to eliminate or minimize duplication of services between medical societies; and to focus each element of organized medicine on what it does best.

In a time when physicians need to come together, physicians are looking to their own specialty societies or are forming physician organizations to help address their professional and economic concerns. It is my belief that the Federation of Medicine will offer us the best chance to preserve our professional integrity. The Federation can be the conduit to allow the individual physician to effectively confront critical medical issues at the local, state and national levels. Now is not the time to resign from the Federation but the time to renew your membership and become a more active participant. The profession and the Federation can only be sustained by meaningful grassroots participation.

"The Federation can be the conduit to allow the individual physician to effectively confront critical medical issues at the local, state and national levels."

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NEOUCOM and YSU Cooperate for New Physical Therapy Program

STUDENTS IN THE NEW PHYSICAL THERAPY PROGRAM AT YOUNGSTOWN STATE UNIVERSITY (YSU) WILL RECEIVE PART OF THEIR training in the anatomy laboratory at the Northeastern Ohio Universities College of Medicine (NEOUCOM), thanks to an

agreement reached by the two institutions.

"The partnership between the College of Medicine and Youngstown State University exemplifies our continuing attempts to pursue more efficient ways to bring higher education to the people of Ohio," said Robert S. Blacklow, M.D., president and dean of NEOUCOM. "We are constantly looking for new ways to work with other institutions to avoid duplication and to improve our programs."

YSU's four-year physical therapy program was approved by the Ohio Board of Regents last year, and is scheduled to begin in the summer of 1996. Students completing the program will receive a bachelor of science degree.

To date, YSU has received more than 600 applications for 35 available openings in the program.

"The cooperative program will provide YSU with an excellent facility for the study of human anatomy which will include dissection," said Leslie Cochran, Ph.D., president of YSU. Cochran added that by using NEOUCOM's facility and faculty, YSU will save between \$900,000 and \$1 million in construction costs immediately, plus between \$150,000 and \$200,000 each year in maintenance, processing and other costs.

The agreement grew out of discussions between Stephen C. Ward, Ph.D., professor and chair of NEOUCOM's Department of Anatomy, and John J. Yemma, Ph.D., dean of YSU's College of Health and Human Services. "We look forward to participating with YSU in its new physical therapy program," Ward said. "The College of Medicine is fortunate in having the resources available to help ensure the success of the new program." He added that NEOUCOM has a modern anatomy laboratory facility and "some of the best anatomy faculty in medical education today."

The physical therapy program at YSU will be a part of the Allied Health Department, which is chaired by Madeleine Haggerty. She said the physical therapy students will follow the tradition of working with cadavers in the anatomy laboratory and be involved with interactive learning (use of video discs and computer programs). "We have a great combination with the anatomy lab and the new technology," she said.



▲ NEOUCOM students Seilesh Babu (left) of Westchester, OH, and Shelana Gibbs of Beaver Falls, PA (both, class of 1997), examine a cadaver in the anatomy lab at the College.



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Facts About Managed Care

MANAGED CARE PENETRATION

At the end of 1993, more than 100 million Americans were enrolled in managed care plans, an increase of 33 million from 1990.

- More than 46 million (19.4% of Americans) were enrolled in approximately 625 non-specialty health maintenance organizations (HMOs).
- More than 60 million (24%) were enrolled in approximately 1100 preferred provider organizations (PPOs).
- PPO enrollment alone increased by more than 10 million from the end of 1992 to the end of 1993.

Most of the increase in managed care enrollment occurred in PPOs and HMOs offering a point-of-service (POS) option.

- Approximately 62% of HMOs offered POS options in 1994, up from 23% in 1988.
- Approximately 3.4 million HMO members were enrolled in POS plans in 1994, an increase from 2.6 million in 1993.

Managed care enrollment patterns differ by geographic region and between urban and rural environments.

- Among large metropolitan areas, the two most extensive managed care markets are Los Angeles, with enrollment of 71%, and Minneapolis/St. Paul, with 70%.
- Managed care penetration in Albuquerque, NM, is about 75%, the highest among mid-sized metropolitan areas.
- Managed care penetration in small cities and rural areas, even in regions where overall penetration is high, is not substantial.

PHYSICIAN PARTICIPATION AND REVENUES FROM MANAGED CARE PROGRAMS

Physician participation in managed care is growing steadily.

- About 77% of physicians had managed care contracts in 1994, up from 61% in 1990.

- About 55% had at least one HMO contract in 1994, up from 35% in 1988.
- Hospital-based physicians (anesthesiologists, radiologists, pathologists, and emergency physicians), internists, and obstetrician/gynecologists are the fastest-growing groups participating in managed care.
- Participating physicians on average derive 34% of their revenues through managed care.

OWNERSHIP, CONTROL AND SET-UP OF HMOs AND PPOs

For-profit corporations dominate managed care.

- Insurance companies and Blue Cross/Blue Shield organizations together own 39% of HMOs and 50% of PPOs; national managed care companies own 20% of HMOs and 10% of PPOs; physicians, physician medical groups and physician/hospital organizations own only 6% of HMOs and 7% of PPOs.
- In a national survey, 20% of acute care hospitals reported having one or more collaborative organizations with physicians; 37% of hospitals reported having engaged in some sort of managed care venture (20% in PPOs, 19% in independent practice associations (IPAs), and 8% in HMOs). Of these collaborative arrangements, 58% were owned by hospitals, 30% by physicians, and 12% by other parties.
- Insurance company sponsorship of PPOs grew from 7% to 45% from 1985 to 1994, while provider ownership dropped from 17% to 6%.

About 53% of HMOs contract with an IPA to provide care; 4.6% of HMOs are staff models, in which the physicians practice within the plans' confines; 7.3% are group models, in which the HMO contracts with a single multi-specialty group for all patient care; 8.4% are network models, in which several groups and individual groups provide patient care; and 22% have combinations of arrangements.

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"Bridge at Lanterman's Falls Mill Creek"

Terri Madden
Original Watercolor: 20" x 15"

TERRI MADDEN, WHO WAS BORN ON A FARM IN NEW SPRINGFIELD, OHIO, ON FEBRUARY 4, 1931, PRESENTLY RESIDES IN GIRARD, OHIO.

As a grade-school student, she didn't have art teachers but everyone loved her drawings. As early as first grade, the teachers

used her art for work sheets from the ditto machine. She won the first of many awards in art at age 10 at the Canfield Fair. It was for a drawing done using crayon on a bleached flour sack, set with a hot iron.

When Terri was quite young, her mother died, leaving her the duties of caring for her younger siblings, cooking, cleaning house, and helping on the farm. She had to quit school after 9th grade because she could no longer handle all those immense responsibilities in addition to attending school daily. It wasn't until years later, after Terri married and began raising a family, that she began attending night school to receive her high-school diploma. She continued on into Youngstown State University, where she earned her degree in art in 1985.

Terri's choice in art was nurtured years earlier while beginning a family tradition of summering in Maine in the 1970's. While there, her husband handed her some tubes of paint and suggested

that she paint. She did everything she thought an artist was supposed to do. She sat on a stool outside and began painting, even though she admits she didn't know which end was up, how to do it, or anything else. From there, Terri began taking lessons and classes. Like most artists, it now consumes her life, in a happy way, although I tend to think most artists are driven in a manner most of us would consider laborious.

While quite adept with oils and pastels, watercolors are Terri's main choice in painting. A beautiful example is shown on the cover with "Bridge At Lanterman's Falls Mill Creek". Terri favors watercolors because she loves their light effect and the easy play of dark and light brought out on the canvas. Terri has found that the more dramatic those contrasts, the more awards her works gather. While showing a frigid scene with what would be a loud play of water over the falls, there is still an eerie silence here. The darkness of the trees to the right draws your attention to the bridge and frozen stream, which snakes down the center of the canvas to the sudden turbulence and struggle of water over ice. There are seemingly no brushstrokes or blending of colors that make this a painting, but more the capturing of a single moment in the everflowing tides of life. Perhaps this painting is telling each of us to stop for a moment in our rushed lives and find the peacefulness and inner feeding of the soul that silence can bring. Terri is indeed a masterful painter.

Terri is also a commissioned artist. She paints portraits, house portraits, landscapes and florals. Sometimes she will paint a portrait within an historical scene. She has exhibited in regional shows as well as in Maine, winning many prestigious awards. Her paintings are in many private, corporate, and public collections.

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Thanks to Physicians on Call

THE SOCIETY WOULD LIKE TO THANK ALL THE PHYSICIANS WHO PARTICIPATED IN TWO PROGRAMS THAT PROMOTE PUBLIC health education in our area, "Health Matters Live Line", a live-broadcast television program, and the annual Health-O-Rama

held at the Southern Park Mall.

"Health Matters Live Line" has aired twice this year on channel 33. The program is a joint effort between our Society, the Easter Seal Society and WYTV. On January 23, Dr. Thomas Albani, chairperson of the Young Physicians Committee, opened the show with host Len Rome.

Four topics were covered during the one-hour program: Dr. John Sorboro discussed depression; Dr. John Becker spoke on seizure disorders; Dr. Nicholas Proia talked about sleep disorders; and Dr. Richard Nord discussed prostate cancer.

The following physicians staffed a phone bank and answered the public's questions during the broadcast: Drs. William Bartels, James Dewar, Stephanie Dewar, Sergul Erzurum, Sherif Hanna, David Kennedy, Maureen Matthews, Marc Saunders, Howard Slemons, Melinda Smith, Anne Stover, Jeffrey Stover, and Sayed Yossef.

Several physicians were featured on a second program, which aired on April 24. Dr. Antoine El-Hayek discussed infertility; Dr. Elizabeth Young addressed osteoporosis and arthritis; Dr. Pradeep Mathur discussed eating disorders; and Dr. Tom Boniface gave a primer on health care. Dr. Thomas Albani opened the program with a brief discussion of preventive medicine with host Len Rome.

The phone bank was staffed by the following physicians: Drs. William Bartels, Denise Bobovnyik, James Botsko, John Dunne, Jenifer Lloyd, Jay Osborne, Robert Piroli, Eugene Potesta, Ronald Rhodes, Elena Rossi, Patrick Stocker, Lyn Yakubov, and Ronald Yarab.

The Society's "Ask the Doctor" booth was again a popular attraction at the 1995 Health-O-Rama held in March. Drs. Howard Slemons

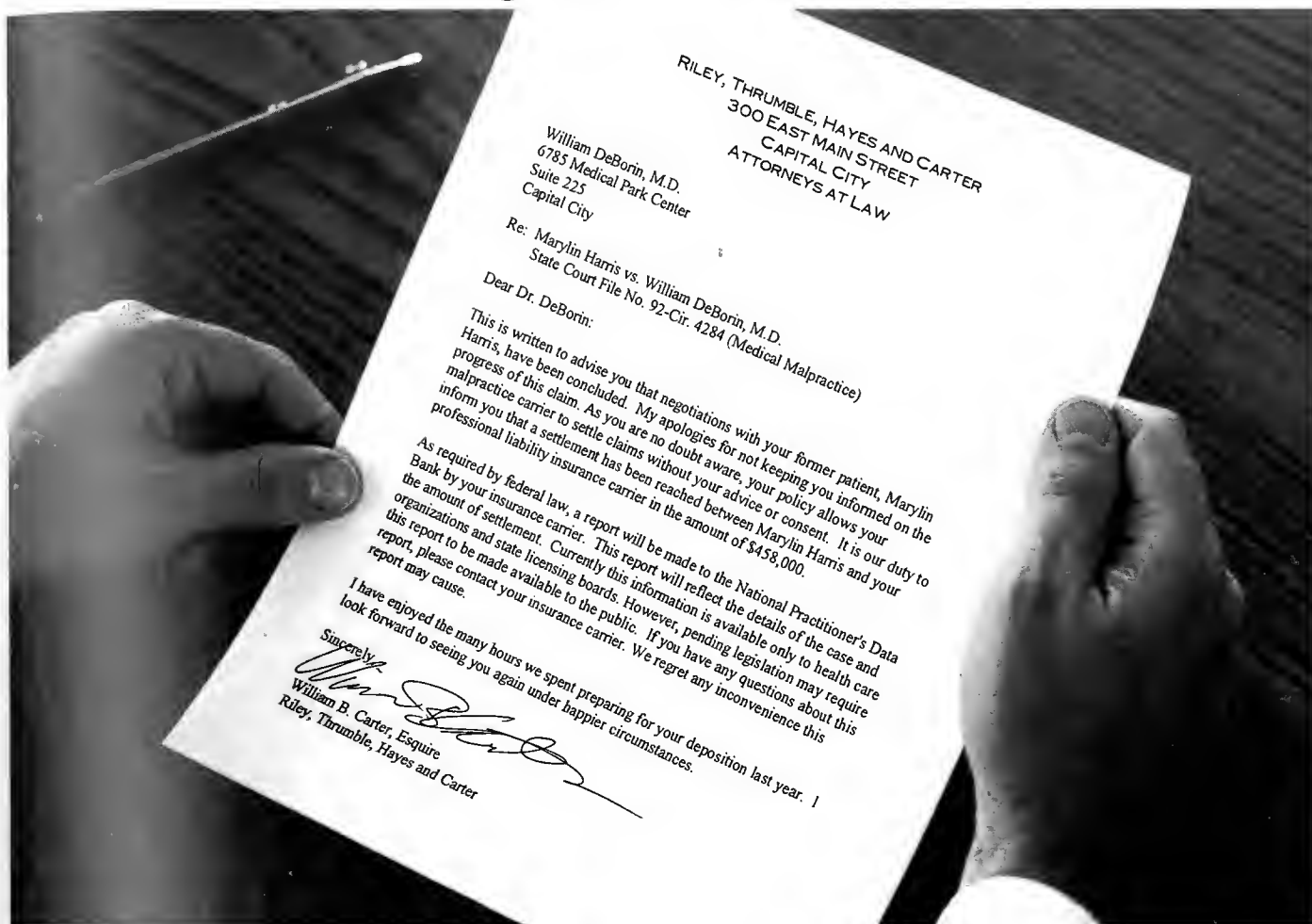
and Lyn Yakubov co-chaired the two-day event.

The following physicians took time from their busy schedules to staff the booth and answer the public's questions: Drs. Thomas Albani, William Bartels, Denise Bobovnyik, Joanne Dalrymple, Antoine El-Hayek, Robert Fisher, Fred Friedrich, Sherif Hanna, David Kennedy, Maureen Matthews, Anthony Mehle, Sandy Naples, Ronald Rhodes, Marc Saunders, Susan Selim, Howard Slemons, Melinda Smith, Lyn Yakubov, and Sayed Yossef.

Special thanks to Dr. Fred Friedrich who donated many extra hours to get our booth up and running this year.

Again, the Society thanks all our physician volunteers who made our participation in "Health Matters Live Line" and Health-O-Rama possible.

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Annual Joint Meeting Held by Society, Alliance

THE MAHONING COUNTY MEDICAL SOCIETY AND ALLIANCE HELD THEIR ANNUAL JOINT DINNER MEETING ON MARCH 30 AT Antone's Banquet Centre. In observance of National Doctors' Day and National Medical Alliance Month, the menu featured international cuisine.



▲ (l to r) Brent Mulgrew, Dr. Claire Wolfe, and Dolly Handel

Ohio State Medical Association President Dr. Claire Wolfe was the featured speaker for the evening program. She discussed managed care, tort reform and the need for outcome studies.

Special guests in attendance included Brent Mulgrew, executive director of the OSMA; Dr. David Utlak, sixth district councilor; and Andrew Thomas, a senior student from the Ohio State University School of Medicine.



(l to r) ► Marie Latorre, Pauline Sarantopoulos, Suzy Soleimani

Society President Dr. Daniel Handel conducted a short business meeting. Alliance President Mary Walton presented Dr. Handel with a proclamation from Youngstown Mayor Patrick Ungaro recognizing March 30 as National Doctors' Day in the city. National Doctors' Day has been celebrated since 1935. The date, March 30, was chosen to acknowledge the first time Dr. Crawford Long used anesthesia in surgery in 1842.

Alliance President Mary Walton conducted a short program and presented the Alliance's annual "Gem of the Year" award to past president Eleanor Pichette. Eleanor was cited for her many years of devoted service to the Alliance and her active volunteer work on behalf of the Mahoning County Easter Seal Society. She was instrumental in creating the very popular *Angels and Friends* cookbook, which benefits the local Easter Seal Society.

Following the presentations, the meeting adjourned. Alliance members Marie Latorre, Pauline Sarantopoulos, and Suzy Soleimani served as co-chairpersons for the event.



▲ (l to r) Eleanor Pichette, Dr. Ed Pichette
Top row: Dr. David Pichette, Ginny Pichette.



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Dr. O'Regan would like to deliver babies in Washington, but the cost is too high and the risk is too great.

She's not alone. One out of eight obstetrician/ gynecologists nationally no longer delivers babies. Other doctors all across the country struggle with the same dilemma.

Without liability caps, huge amounts of money are spent on defensive medicine. Physicians must order more procedures and tests than the patient really needs. The trust between patient and physician is threatened.

Congress can fix this. The U.S. House of Representatives has already passed a bill that

would set a \$250,000 cap on noneconomic damages. Now it's up to the U.S. Senate.

Contact your U.S. Senators now. Tell them to vote for Health Care Liability Reform.

And let Dr. O'Regan deliver babies wherever she's needed.

Write both U.S. Senators c/o U.S. Senate, Washington, D.C. 20510. Or call their offices at (202) 224-3121.

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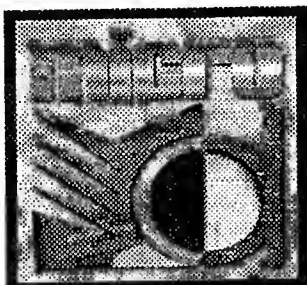
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1995 Installation Held

THE MAHONING COUNTY MEDICAL SOCIETY HELD ITS annual installation of officers and Council members on January 17, 1995. Janssen Pharmaceutica Research Foundation, represented by William Chisholm, provided a product display.

The membership held a silent remembrance for those members who had passed away during the past year: Drs. Armin V. Banez, Genevieve Delfs, Richard Lobritz, Stephen W. Ondash, and James R. Sofranec.

Past presidents of the Society in attendance were recognized. They were: Drs. Rashid Abdu, James Anderson, G. Robert Barton, Jane Butterworth, Gabriel DeCicco, Andrew Detesco, Robert Fisher, Robert Jenkins, Paul Mahar, Jr., Eric Svenson, Hai-Shiuh Wang, and Karl Wieneke.

The Society then acknowledged the past presidents of the Alliance who were present. They were: Mary Ann Anderson, Dolly Handel, Mohini Khanna, and Donna Hayat.

The following outgoing members of Council were recognized: Drs. Thomas Boniface, Richard Gentile, and Karl Wieneke.

The following contributors to the *Bulletin* were acknowledged: President Dr. Chester Amedia; Editor Dr. Thomas Boniface; columnists Drs. Robert Fisher, Anand Garg, and Daniel Handel; Jeannine Lambert, who provided cover art and companion articles; and photographers Dr. Robert and Mrs. Mary Jenkins. These contributors later received bound volumes of the 1994 *Bulletin*.

Past President Dr. James Anderson installed the new officers and members of Council.

Following the installation, Dr. Anderson presented the president's gavel (made by Dr. Anderson) to new President Dr. Daniel Handel. Dr. Handel then presented the president's plaque and pin to outgoing President Dr. Chester Amedia. Dr. Amedia gave a brief recap of his year in office.

It was announced that the Society's Foundation had granted a \$5000 loan to a NEOUCOM student. The Foundation has granted 72 loans since its creation in 1966.

Treasurer Dr. Norton German reported that the membership now totaled 561, including 377 active, 95 emeritus, 17 non-resident, and 72 resident members.



▲ (l to r) Dr. Dan Handel, Dr. Chet Amedia

Following reports from Society President Dr. Handel and Alliance President Mary Walton, the meeting adjourned.



▲ (l to r) Drs. Robert Fisher, Gabriel DeCicco, Robert Jenkins, Karl Wieneke, Robert Barton, Hai-Shiuh Wang, James Anderson, Eric Svenson, Rashid Abdu, Chet Amedia



▲ (l to r) Dr. Dan Handel, Dolly Handel

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President-Elect

Chander M. Kohli

Secretary

Douglas M. Goldsmith

Treasurer

Norton I. German

Immediate Past President:

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Denise L. Bobovnyik

Daniel W. Handel

L. Kevin Nash

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Hai-Shiuh Wang

Alternate Delegates

Jane F. Butterworth

Anand G. Garg

Chris A. Knight

Chander M. Kohli

Richard J. Marina

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Lyn E. Yakubov

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Editor of Bulletin

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BONDING HELPS AVOID HIRING DISHONEST EMPLOYEES

A JOB APPLICANT'S RESUME CAN EASILY HIDE TERMINATION FOR DISHONESTY, like embezzlement or supply theft. While telephone reference checking and critical interviewing may lead you at least to suspecting the problem, you may fail to turn up this important fact.

That's why bonding your employees is so important. For a moderate premium, you'll have some insurance protection against loss if the staffer actually robs your practice. More importantly, making known to applicants that you bond all employees may discourage dishonest ones from applying at all. They won't want the insurer to check records and find out about their past.

Make sure your employment application form states that you bond all employees. It may save you from later headaches.

Excerpt from The Physician's Advisory

MAHONING COUNTY POVERTY & PUBLIC ASSISTANCE STATISTICS

54,661 persons were below the poverty level in 1993

16,111 children ages 0-17 were living in poverty (1990 Census)

All Statistics below are from October 1994:

14,931 children were on Aid to Families with Dependent Children

7,314 adults received AFDC benefits

2.04 children on average were in an AFDC household

\$115.62 is the average monthly AFDC benefit per person

\$2,571,858.99 actual AFDC Expenditure per month

40,582 people received Food Stamp benefits

29,107 people received both Food Stamp and public assistance benefits

11,475 people received only Food Stamp benefits

\$3,154,885.00 total Food Stamp coupons were issued per month

\$77.74 was the total Food Stamp coupons issued per person

This would include 31 days, 93 meals total at approximately \$.84 per meal. \$193.36 was the average Food Stamp and public assistance benefit per recipient.

Sources:

Poverty statistics: *Ohio Poverty Indicators Volume S-1993*, Council for Economic Opportunities in Greater Cleveland

AFDC/FSP/PA Data: Ohio Department of Human Services, October 1994

BCCP Grant Received by Planned Parenthood

by Lindy Kirk, RN, BSN, MS, LPC, NCC, Planned Parenthood of Mahoning Valley, Inc.
BCCP Project Director/Client Services Development Manager

PLANNED PARENTHOOD OF MAHONING VALLEY, INC. HAS BEEN AWARDED A BREAST AND CERVICAL CANCER EARLY DETECTION

Project (BCCP) grant by the Ohio Department of Health Bureau of Chronic Diseases Cancer Epidemiology, Prevention and

Control Program with federal funds released through the Centers for Disease Control (CDC). The goal of the Women's Health Advantage Program is to reduce breast and cervical cancer morbidity and mortality. It is a joint effort with the Columbiana County Health

Department, Trumbull County Health Department and the Family Planning Association of Northeast Ohio, Inc., as well as other collaborating agencies. This program targets low income, uninsured, underinsured, and racial/ethnic minority women. Those 40 and over will receive a Pap test and pelvic exam every year and those 50 and over will also receive a mammogram and clinical breast exam every year. All abnormal results will be followed up and referrals will be made for further care.

Women's Health Advantage

4-County Breast and Cervical Cancer Prevention & Detection Program

Do you know that Breast and Cervical Cancer are on the rise?



*It may
be more
easily
treated
if
detected
early*

The WOMEN'S HEALTH ADVANTAGE through Planned Parenthood of Mahoning Valley, Inc. has affordable breast and cervical cancer screening services for:

- women at or below 200% of the Federal Poverty level;
- women not eligible for Medicare or Medicaid;
- women without health insurance to cover mammogram, clinical breast exam, Pap or pelvic exam.
- Mammography and clinical breast exam
 - 50 years of age and over, every year;
 - 40-49 years of age eligible on a case-by-case basis if symptomatic or at high risk.
- Pap and pelvic exam
 - 40 years of age and over, every year.

The WOMEN'S HEALTH ADVANTAGE — the best friend a woman ever had.



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An Occupational Hazard for Physicians

THE RECENT UNTIMELY DEATH OF ONE OF OUR RESPECTED COLLEAGUES, APPARENTLY BY HIS OWN HAND, SERVES AS A SOBERING reminder that depression and suicide are greater hazards for physicians than they need to be. The reasons for this are well known:

- ◀ We who study medicine tend to be conscientious, internally driven, perfectionistic types who are vulnerable when things don't go well;
- ◀ Medical training and practice are inherently demanding, pushing us to value achievement, service, and self-denial; and
- ◀ It may be difficult for us to switch from the caregiver role to that of patient when we, being only human, have a need for treatment, support, and guidance.

The practical result of these factors is that doctors sometimes become depressed and — more importantly — tend not to take advantage of the professional services available to help us cope with this disorder. It's now known that depression is biologically determined, to a great extent, and that it responds well to appropriate

pharmacotherapy. There are a wide variety of effective agents to choose from; if one doesn't work or has uncomfortable side effects, there are always others. It's important, though, for a physician experiencing depressive feelings and thoughts not to self-medicate for the condition. One needs to work with a trusted physician, often but not necessarily a psychiatrist, for many reasons:

- ◀ Medicine choices and dosage adjustments are best made by a professional experienced in their use;
- ◀ Emotional support often provides a needed "boost" to help us get through life's rough moments; and
- ◀ Talking things out is therapeutic and aids us in putting problems in better perspective.

Help is available. Asking for it is not a sign of weakness or moral decay, but rather a reaffirmation of life and the importance of keeping ourselves healthy so we can meet our professional responsibilities with compassion and confidence.

Robert D. Gillette, M.D.

CELEBRITY AUCTION

The Mahoning County Medical Society Alliance will be holding a Celebrity Auction on Saturday, November 4th, 1995 at Tippecanoe Country Club. Renee Bitonte is collecting items such as autographed footballs, clothing, framed art, etc. Other items, such as donated trips, hotel room stays, and toys, are also needed. If you have such items or know of someone that would donate, please call Renee at 533-7279. All proceeds from the event will go to local charities.

WANTED: URGENT CARE PHYSICIAN

Beeghly Immediate Care Center has an opening for a full-time urgent care physician (approximately 40 hrs/wk). Salary very competitive. Must have good interpersonal skills, be comfortable with minor pediatric problems, and experienced in minor trauma (suturing). A very pleasant alternative to primary care practice.

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From the Desk of the Editor *(cont. from pg. 4)*

have the right to pay for Dr. Cooley's expertise if he so chooses.

If the P.O.P.S. were in effect, the majority of physicians would, no doubt, choose to abide by its limits, so that they could display the stickers on their doors, and thus attract more patients. In this manner, the system would protect the unsuspecting public from inadvertently walking into a Dr. Cooley's office. Yet it would

also encourage excellence, since only physicians with superior skills would be able to require compensation above the norm. If things continue as they are, excellence will be an expected statistic based on error-ridden "outcomes analysis" and compensation will be our simply being allowed to continue to exist. To be continued . . .

Medical Assistants Update

The Mahoning County Medical Assistants held their March meeting at Yankee Kitchen Restaurant. The guest speaker, Dr. Anthony Mehle, discussed age-related dermatology.

Hospice of the Valley was the site of the group's April meeting. Following a tour of the

facility, Dr. Leonitas Vassillaros spoke on the topic of dialysis.

MCMA members Nena LaBarbera, CMA-A and Kathylynn Feld, RN, CMA recently represented the organization at the State Convention held in Dayton.

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MCMS BYLAWS APPROVED

The revised bylaws were approved by the OSMA Council, and became effective February 24, 1995. The revision committee included Drs. Norton German, Chris Knight, and Doug Goldsmith.

Members who would like a copy of the bylaws should call the Society office at (216) 788-4700.

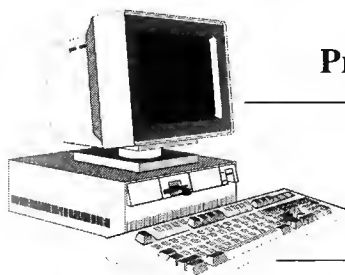
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A Look Back . . .

Sixty Years Ago
Mar./Apr. 1935

James L. Fisher was president. He was also the original editor of the *Bulletin*. It has been revised and updated from time to time, but has retained the original title since its inception in 1932. Other officers included L.G. Coe, president-elect; Paul J. Fuzy, vice-president; and William Skipp, secretary. Earl Brant was program chairman, while "Hap" Hathhorn was in charge of Public Health and Robert Poling handled Public Relations.



inoculation when the vaccine was finally approved. President Howard Jones of Youngstown College (not yet called YSU) said that the Medical Society has many ties with the College. Little did he know at that time that his College would become a State University with a Medical School affiliation. Harry Smith opened an office at 1926 Market Street for the practice of proctological surgery. John Guju opened an office at 249 Lincoln Avenue for the practice of obstetrics and gynecology.

Thirty Years Ago
Mar./Apr. 1965

The AMA was fighting Medicare with an alternative program called "Eldercare". Jack Schreiber was in charge of a committee to provide speakers on Eldercare vs. Medicare. Sixty clergymen and physicians attended a Medicine and Religion meeting at St. Elizabeth Hospital auditorium, with Bill Cleary as chairman and moderator. Discussants were Rev. George Durista, Rev. Gwyn Walters, Fred Schellhase, A.K. Phillips, Gordon Nelson, Arnoldus Goudsmit, Frank Inui, and Frank Gelbman.



Robert R. Fisher, M.D.



Robert R. Fisher M.D.

Fifty Years Ago
Mar./Apr. 1945

The war was on. The "Honor Roll" required six pages to print — doctors, dentists and nurses. The *Bulletin* published some letters from our members in the service — Capt. Densmore Thomas, Capt. Howard Prosser, Capt. Oscar Axelsson, Capt. Richard Goldcamp, Lt. Robert Piercy, Capt. Robert Heaver, Capt. Fred Schellhase, Major Gordon Nelson, and Lt. Col. William McElroy.



Forty Years Ago
Mar./Apr. 1955

President Ivan Smith urged members to cooperate in the mass inoculation against polio, but the Salk vaccine was not yet available. Many of us remember what a great job Kurt Wegner did in organizing the mass

Twenty Years Ago
Mar./Apr. 1975

President Rashid Abdu reported on his meeting in January with the Director of the Ohio Department of Insurance. Professional Liability Insurance had taken a sudden alarming jump in premiums, in some cases as high as 800 percent. The rapid increase in malpractice claims caused physicians to practice defensive medicine. This, along with the marked rise in premiums, caused a marked rise in the cost of providing medical care at a time when the medical profession was being urged to keep the costs down.



Ten Years Ago
Mar./Apr. 1985

President Juan Ruiz observed that the public perception of the medical profession had taken a turn for the worse, with 68% saying that they were losing faith in physicians. Editor Ben Hayek predicted that drastic changes were on the horizon that would bring about significant changes in the way medical care is provided and how it will be paid. He pointed out that our present system begs for regulation. He suggested that the system be organized into a corporation-like structure, with stock holders and corporate heads, designed to provide no-frills, effective and efficient health care at a fraction of the present cost. Patrick Kennedy died at the age of 92. Asher Randall died at the age of 74.



◆ ◆ ◆ ◆ ◆ ◆ ◆



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never too late to start using it in your practice.

Phairas told *The Physician's Advisory Symposium for Successful Private Practice* that she sees doctors' chart entries "fall through the cracks" because they don't document prescription renewals, addiction or allergy observations and other usage limits. Sometimes, a chart entry says "No more Vicoden," but repeated scripts for Vicoden appear anyway. Because the notation is buried in a progress note, the doctor — or often the staff — fail to see the chart entry when authorizing refills or renewed use.

That's why a medication flow chart makes good sense. It's simply a sheet for you to record each prescription, along with any relevant observations or instructions about the patient's medications. The sheet goes in the front of the patient's chart, perhaps on the inside front cover, so anyone in the practice can quickly scan it for guidance.

SEVERAL USES

Be sure the med flow chart has columns to record allergies and to note adverse reactions, so the same type of drug won't be prescribed again. The sheet also helps you catch drug interactions since you'll be able to scan what other medications the patient is taking when you consider another Rx.

The med flow chart is particularly important for group practices and other physician arrangements where different doctors see each other's patients. This is increasingly common these days, and it will almost surely be more so in the next few years.

Medication flow charts are available from most medical record suppliers, or you can easily design your own. Start using it now, even if you only begin with patient encounters after this. As each patient presents, you can open the form, enter any known concerns and go from there.

Phairas adds, "HMO plans conducting practice audits want to see the doctors using med flow sheets. Thus it becomes a quality of care issue, and it may become a marketing issue to remain on the plan panels. I've also heard of some insurance carriers including med flow charts as criterion for their premium discount programs."

Editorial Note: We acknowledge the cooperation of Leif Beck, who has granted reprint rights for topics which have appeared in his regular monthly publication, The Physician's Advisory. His organization, The Health Care Group, with offices in Plymouth Meeting, PA, is a group of leading national consultants and attorneys specializing in medical practice organization and management.

*Ms. Phairas is President of Practice & Liability Consultants, 703 Market St., Suite 913, San Francisco, CA 94103; phone (415) 764-4800; fax (415) 764-4802.

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Dr. Garg Elected to Examination Board

ANAND G. GARG, M.D., Ph.D., WAS ELECTED TO A THREE-YEAR TERM OF SERVICE ON THE EXAMINATION BOARD OF THE FEDERATION OF State Medical Boards during the Federation's annual meeting held April 20-22, 1995, in San Antonio, Texas. The

Examination Board, which is composed of eight members, is responsible for the overall management of all Federation examination programs, including the United States Medical Licensing Examination (USMLE) and the Special Purpose Examination (SPEX). The Examination Board also serves as a liaison with the National Board of Medical Examiners and with the Composite Committee for the United States Medical Licensing Examination. Dr. Garg currently serves as President of the State Medical Board of Ohio, President-Elect of the American College of International Physicians, and Secretary-Treasurer of the American Association of South Asian Neurosurgeons. He is also President-Elect of the Clinical Staff of the Western Reserve Care System.

Thomas E. Gretter, M.D., a neurologist practicing at the Cleveland Clinic, was appointed by the President of the Federation of State Medical Boards to serve on the Rules Committee. The Rules Committee is responsible for establishing the procedures to be followed at the annual meeting of the Federation's House of Delegates. Dr. Gretter also

serves as the Secretary of the State Medical Board of Ohio.

Continuing his service on the Federation's Editorial Board is Ronald C. Agresta, M.D., an ophthalmologist from Steubenville and member of the State Medical Board of Ohio. The Editorial Board provides advice regarding editorial policy to the editor appointed by the Board of Directors of the Federation of State Medical Boards.

Ray Q. Bumgarner, J.D., Executive Director of the State Medical Board of Ohio, was appointed by the President of the Federation to a one-year term of service on the Board of Directors of the Federation of State Medical Boards. The Board of Directors oversees all activities and services provided by the Federation to its member boards.

The Federation of State Medical Boards is the representative body and central information exchange for its member boards. Membership consists of 68 medical boards, including state medical boards (allopathic, osteopathic and composite), the District of Columbia, Puerto Rico, Guam and the Virgin Islands.

Services provided to the member boards by the Federation of State Medical Boards include:

- a Board Action Data Bank, which contains more than 68,400 actions related to approximately 24,400 physicians reported to the Federation by state licensing and disciplinary boards, Canadian licensing authorities, the U.S. armed forces, the U.S. Department of Health and Human Service, the Education Commission for Foreign Medical Graduates (ECFMG), as well as other authorities.
- a single, three-step examination for medical licensure in the United States, established in conjunction with the National Board of Medical Examiners, known as the United States Medical Licensing Exam (USMLE)
- resource information regarding proposed federal and state legislation
- information exchange among member boards



Anand G. Garg, M.D., Ph.D.



Ray Q. Bumgarner, J.D.

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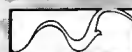
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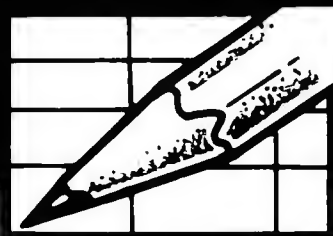


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